Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

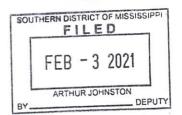
names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

# United States District Court

for the

Southern District of Mississippi

Division



Case No. 2.2/CV 88-KHJ

Cocuis Lama Johnson (19384)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Lt. Mcelop, Nuces Sonders, office()

Copt, William, officer Dialmile,

Defendant(s)

(Write the full name of each defendant who is being sued. If the

### COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

#### I. The Parties to This Complaint

#### The Plaintiff(s) A.

B.

	each plaintiff named in the complaint. Attach additional pages if
needed.	a = 51
Name All other names by which	Carvis Johnson
you have been known:	none
ID Number	none
Current Institution	109384 C.M.C.F
Address	C.M.C.F P.O. Box 88550
	Peg ( MS 39288-8550
	City State Zip Code
The Defendant(s)	
individual, a government agency, listed below are identical to those the person's job or title (if known) a	each defendant named in the complaint, whether the defendant is an an organization, or a corporation. Make sure that the defendant(s) contained in the above caption. For an individual defendant, include nd check whether you are bringing this complaint against them in their acity, or both. Attach additional pages if needed.
Defendant No. 1	
Name	Capt. Williams, officer Dial Mile
Job or Title (if known)	Capt. over the pison, Co. officer at the puison
Shield Number	
Employer	Capt., Co. officer C.M.C.F.
Address	P.O. BOX 88550
	PRAC City State 39288-8550  State Zip Code
	Individual capacity Official capacity
Defendant No. 2	
Name	Lt. Meelrov, nurse Sanders officer SML
Job or Title (if known)	Lt. Meelroy, nurse Sanders officer SMILe Lt. over bldg, nurse (N. C.O. officer at prison
Shield Number	<u> </u>
Employer	L.t. RN nurse, a C.o. office
Address	P.O. Bex 88550
	Peacl State 39288-8550 Zip Code
	Individual capacity Official capacity

		Defendant No. 3  Name  Job or Title (if known)  Shield Number  Employer  Address	City  Individual capacity	State Zip Code  Official capacity		
		Defendant No. 4  Name  Job or Title (if known)  Shield Number  Employer  Address	City	State Zip Code		
II.	Racic	for Jurisdiction	Individual capacity	Official capacity		
	Under immur Federa	42 U.S.C. § 1983, you may sue state	l [federal laws]." Under Bive	privation of any rights, privileges, or ens v. Six Unknown Named Agents of officials for the violation of certain		
	A.	Are you bringing suit against (check all that apply):				
		Federal officials (a <i>Bivens</i> claim)  State or local officials (a § 1983 claim)				
	В.	Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?  My Constitutional right how Wolated by take officials				
	C.	Plaintiffs suing under <i>Bivens</i> may of are suing under <i>Bivens</i> , what constrofficials?	only recover for the violation itutional right(s) do you clain	of certain constitutional rights. If you n is/are being violated by federal	1	

Carvis Lamar Johnson C.M.C.F. P.O. Box 88550 Pearl, MS 39288-8550

Claim#1) 1-28-21 Carvis Lamar Johnson 109384

on the above day 1-10-21 at 7:30 am I Carus Lamar Johnson 109384 I was at My trayhold door when the officer open My trayhold door to feed me I ask the officer officer Dialmile to ask the Capt. is she still gone Move me he got mad in he top to brake My arm in the tray hold door a time hard it on Camera K-zone Cell 220 Sec 6 at C.M.C.F. I ask them officers is they gone take me to Medical My arm is in real bad pain they aint take me to Medical so the Capt Woman Come to My door Capt williams She Denial My Medical Attention Cuz she know the Captera Seen everything She Broke MY 8 Amendment Denial of Medical Attention its on Comera plus she had me lockdown for nothing a She broke My Constitution rights in My 14th Amendment no one should have a Cruel and unusal punishment My Relief \$0.000 dollars for pain in suffer

Case: 3:20-cv-00501-KHJ-LRA

Carvis Lamar Johnson C.M.C.F. P.O. Box 88550 Pearl, MS 39288-8550

1-28-21 Carvis Johnson #109384 on the la-sao at a some pM I walk of B-zone B-Blog QB I told officer sgt. Miley I aint wont to be on that zone getting inmates beat up on that zone so Lit. Meelroy in sgt Smiley move me down the Hallway to C-zone I told them I don't wont to be in that Bldg so sgt smiler nurse sanders in the Man officer don't know his name in the tower talking to nurse sanders in the Man officer in the tower talking to the inmates nurse sanders tell the inmate I pay you in dings to be him up so the inmates tell me off get off the zone in they Start beating up on me its on camera they Stop in went back to the tower I ask the tower in the nurse to Move me off the zone fall told them immotes to beat up in fall aint do nothing about it they aint do nothing nuise sonders tell them the beat his ass again I got some for fall so the tower defect of the Hallway they Move me to Sec le Cell 224 it on Commerca B-Bldg C-zone a 25 some 013 some PM the aint take me to Medical they Denial My Medical Attention Claim 2) My Relief \$50.000 dollars Forain in sweet back page

	D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under Bivens, explain how each defendant acted under color of federal law. Attach additional pages if needed.  Im Shing the officers they all black in they had inmates to beat on me to they put a hit on my nead its on camera it aint under no Color thing they all black Im they had black Im they all b		
m.	Prison	ner Status		
	Indicat	te whether you are a prisoner or other confined person as follows (check all that apply):		
		Pretrial detainee		
		Civilly committed detainee		
		Immigration detainee		
		Convicted and sentenced state prisoner		
		Convicted and sentenced federal prisoner		
		Other (explain)		
IV.	Statem	ent of Claim		
	State as briefly as possible the facts of your case. Describe how each defendant was personally involved alleged wrongful action, along with the dates and locations of all relevant events. You may wish to inclufurther details such as the names of other persons involved in the events giving rise to your claims. Do nany cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.			
	A.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.		
		no it acose inside the institution		
	B.	If the events giving rise to your claim arose in an institution, describe where and when they arose.		
		at C.M.C.F B-Bidg C-zone on 12-5-20 Ot 2013 PM Rankin County Prison in Pearl, Ms		

C. What date and approximate time did the events giving rise to your claim(s) occur?

Dec 5, 2020 at 2 or 3 50me PM

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

the Camera is My facts in Witness the camera saw everything Qick Bed B-Bldg C-zone no one else was not involved

## V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

They had My face in a lots of pain My head had nots on it
My EYE was Cut in the paint give Me no Medical freatment
the aint give Me no medical body sheet the book My 8th
Amendment the redical will tell the paint give Me no Medical
treatment real facts

### VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

On Claim I Relief suiting for Money damages for My Medical pain in Suffering

on Claim I Relief 80,000 dollar

Suiting for Money damages for My Medical pain in Suffering

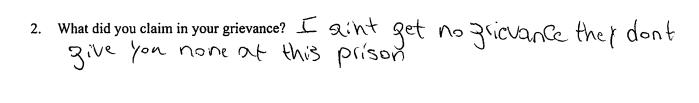
#### VII. **Exhaustion of Administrative Remedies Administrative Procedures**

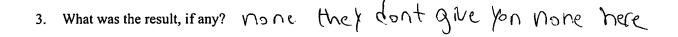
The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
Yes
□ No
If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
I was at C.M.C.F. Prison Rankin Count/ prison in pea
Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
Yes
WNO CUZ I ask for one but I did My A.R.P. on it
Do not know
Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
Yes
№ No
Do not know
If yes, which claim(s)?

	·
D.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?
	Yes
	The Cuz they wont give me no grievance but I did a ARP.
	If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
	Yes
	INO I only at this where it happen at C.M.C.F.
E.	If you did file a grievance:
	1. Where did you file the grievance? they don't give four grievance you had to do & A.R.P.





4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I 30+ fo waiton My 25tep on the A.R.P. I did on this

F.	Ifvon	did not	file a	grievance:
г.	II you	aia noi	me a	grievance.

1. If there are any reasons why you did not file a grievance, state them here:

thet dont give you grievance here a C.M.C.F but I file My A.R.P.

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any: I inform the Legal Assistance Moman

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

I just did what suppose to do by fileing My paper work

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

### VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

Yes No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

imprisonment?

A.	ve you filed other lawsuits in state or federal court dealing with the same facts involved in this ion?	
	Ĺ	Yes
		] No
В.		your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is tree than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1.	Parties to the previous lawsuit Jordon Mc queary, Johnathan franklin, 59t Kristi Plaintiff(s) Carlis Johan #109384 Defendant(s) Jordon Mc queary
	2.	Court (if federal court, name the district; if state court, name the county and State) Northern Division united states District Court southern District of Mississipple
	3.	Docket or index number (5 8) (24)
	4.	Name of Judge assigned to your case  Cause no 3:20 CV9-KHJ-FKB
	5.	Approximate date of filing lawsuit
	6.	Is the case still pending?  Yes
		If no, give the approximate date of disposition.
	7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
		this case is still pending
C.	Ha	ve you filed other lawsuits in state or federal court otherwise relating to the conditions of your

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	Yes
	□ No
D.	If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1. Parties to the previous lawsuit int Daniel Barnett, Crower Michael Jason Moole Plaintiff(s) Calls Johnson #109384  Defendant(s)
	2. Court (if federal court, name the district; if state court, name the county and State)  unifed states District Court for the  Southern District of Mississ pp.
	3. Docket or index number  3. 20 Sol-KHT-LRA
	4. Name of Judge assigned to your case  XHJ-LRA
	5. Approximate date of filing lawsuit
	6. Is the case still pending?  Yes  No
	If no, give the approximate date of disposition
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
	it is Still pending cight now

### IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

## A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing:	3 Cacuis Johnson	1-28-3	と		
	Signature of Plaintiff Printed Name of Plaintiff Prison Identification # Prison Address	Carries Johnson Carries Johnson 109384 P.O. Box 88550 Pearl City	M S State	39288~8550 Zip Code		
В.	For Attorneys					
	Date of signing:					
	Signature of Attorney					
	Printed Name of Attorney					
	Bar Number					
	Name of Law Firm					
	Address					
		City	State	Zip Code		
	Telephone Number					
	E-mail Address					